

**Paper Work Reduction Act**

Submission of this form is voluntary. The purpose of this collection is to capture passenger enplanement data to be used to allocate Federal funds to eligible airports. The public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response. Note: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

<b>DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION</b>				<b>FORM APPROVED</b>	
<b>AIRPORT ACTIVITY SURVEY (By Selected Operators)</b>				<b>OMB NO. 2120-0067</b>	
TWELVE-MONTH PERIOD COVERED <b>January 1 through December 31, 2013</b>				<b>FOR FAA USE ONLY</b>	
DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED ON BTS T-100 Form  <b>Operator Name and Address</b>  <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px auto; text-align: center; font-size: 24px; font-weight: bold;">SAMPLE</div> AIRWAY AIR TAXI, INC. HANSCOM AIRPORT - NORTH BEDFORD, MA 01730				Operator Identification	ABCD
				Year	2013
				Month	12
				AIR TAXI/COMMERCIAL CERTIFICATE NUMBER	
				ABCD1234	
				Page 1 of 1 Pages	
<b>OPERATIONS DURING 12-MONTH PERIOD COVERED</b>					
<b>DEPARTURE AIRPORT</b>				<b>ENPLANEMENTS</b>	
CITY	STATE	AIRPORT NAME	FAA Airport Location Identifier (LOCID)	NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)	NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions)
Bedford	MA	Laurence G. Hanscom	BED	0	403
Lewiston	ME	Auburn-Lewiston Muni	LEW	0	86
Nantucket	MA	Nantucket Memorial	ACK	0	88
Concord	NH	Concord Muni	CON	0	16
Hartford	CT	Hartford-Brainerd	HFD	0	90
Bangor	ME	Bangor Intl	BGR	0	424
Burlington	VT	Burlington Int'l	BTB	0	239
Buffalo	NY	Greater Buffalo Int'l	BUF	0	10
CITY WHERE DEPARTING PASSENGERS BOARDED THE AIRCRAFT		FAA AIRPORT LOCATION IDENTIFIER			
NAME OF AIRPORT WHERE PASSENGERS BOARDED		ANNUAL TOTAL OF SCHEDULED REVENUE PASSENGER BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)			
		ANNUAL TOTAL OF CHARTER REVENUE PASSENGERS BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)			
I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.					
DATE	TYPED NAME AND TITLE OF PREPARING OFFICIAL		SIGNATURE		
2/11/2014	John Smith, General Manager		<i>John Smith</i>		